

## CERTIFICATION OF WORK SERVICE CALL

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: NY052 BLDG1 Date of Visit: 4/27/23

Contractor Personnel on Site:

1. <u>Patrick Brown</u>	4. _____
2. _____	5. _____
3. _____	6. _____

**Service Call Number**

CSS# 90471 WO# 11804

**Description of Repairs**

I inspected all the lights found that only one was not working completely and 5 others were Only half working there are 6 total lights that need to be replaced. Each of these lights have 3 bars of LED's and each of these lights have one bar or more that's not working.

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## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Patrick Brown Date: 4/27/23

Signed: 

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: SGT Owens, Robert Date: 4/27/23

Signed: 

E-Mail: \_\_\_\_\_